

Lt. Governor's Newsletter to the South Carolina Senior Community

April 2005 Table of Contents

- 1. House passes loan forgiveness program for geriatric physicians**
- 2. Mike Easterday is my new chief of staff**
- 3. SCETV brings White House Conference on Aging to your living room**
- 4. How to share your training/workshop events through our website**
- 5. Lowcountry Senior Center first in SC to be nationally accredited**
- 6. A little I, R, and A means a great deal**
- 7. Health and nutrition survey underway in Greenville**
- 8. DHEC installing smoke alarms in seniors' homes in Oconee, Barnwell and Bamberg**

Lt. Governor's Newsletter to South Carolina's Senior Community
April 21, 2005

LOAN FORGIVENESS PROGRAM FOR GERIATRIC PHYSICIANS

I am pleased to report that South Carolina's proposed loan forgiveness program for geriatric physicians has passed unanimously out of the House and is now before the Senate. Sponsoring legislators have been told that this incentive could be a national model to encourage doctors to undertake the specialist training. Our seniors will benefit because participating doctors will agree to practice in South Carolina for at least five years in return for the loan forgiveness.

Although the country will need 30,000 geriatricians within the next two decades to meet the needs of the Senior Boom, today there are less than 6,000. Someone turns 65 at the rate of every 15 minutes of each working day in South Carolina. South Carolina currently has 30 geriatric trained physicians to serve 510,000 patients 65 and older, a ratio of one doctor for every 17,000 patients.

People age 65 and older make up 13% of the US population, yet they account for one-third of all prescriptions, half of all physician visits and half of all hospital stays. In South Carolina that translates into more than \$5 billion in expenditures: \$1 billion from Medicaid, \$3.5 billion from Medicare, and \$1 billion in state health plan expenses for retired state employees and families.

The **average** 75-year-old patient has three chronic medical conditions and regularly uses five prescription drugs as well as multiple over the counter remedies. Changes with aging alter how the body metabolizes, absorbs and clears these drugs from the body. Symptoms of illness can present differently in older people than in the young or middle aged. Often the key to effective management of the complex, over-lapping health challenges of older patients is a health care professional who has training and orientation in geriatric health care.

This was vividly demonstrated to my Commission on Aging for Review and Evaluation recently by Dr. Victor Hirth, who told how

what was to have been a routine three-day hospitalization for a senior escalated into a three-week ordeal, that was ended only when Dr. Hirth's geriatric team was brought into the case as consultants. Had the team been associated at the beginning of the hospitalization, the patient likely would have met the projected three-day stay, he said.

The Alliance of Aging Research testified before the Senate Select Committee on Aging that: "If proper geriatric care resulted in a conservative reduction of hospital, nursing home, and home care expenses of just 10% a year, the nation would have saved \$50.4 billion in health care in the year 2000. Beyond direct savings in health costs, a healthier more independent older population would contribute immeasurably to the nation by easing the cost growth of Medicare, Medicaid and Social Security and by decreasing the need for nursing home and long-term care."

If our state had more than its current 30 geriatric trained physicians serving 510,000 patients, whose health care collectively costs more than \$5 billion in three major health insurance programs, how much could we save by avoiding needless and costly complications? Even a 1% saving could mean \$1 million a week that could be invested in preventive services to help our seniors stay healthy and independent.

Nationally, while the number of seniors in the United States is expected to double in the next 30 years, the number of doctors who specialize in treating the elderly is declining. While up to 30,000 geriatricians will be needed in the future, we now have only 6,000. Low Medicare reimbursements do not attract recruits. Medical students increasingly are making career decisions based on the amount of debt they carry. The average medical student loan debt at the time of graduation is \$109,456; 25% have loans in excess of \$150,000.

Currently, the USC School of Medicine is accredited for four geriatric medicine fellows but generally fills two slots. MUSC is accredited for two geriatric psychiatry fellows, and enactment of a geriatric physician loan program could lead to expanding its program by two positions.

The State Loan Repayment Program will provide reimbursement

funds for educational loan repayment to physicians completing an Accreditation Council for Graduate Medical Education (ACGME) accredited fellowship training program in Geriatrics or Geropsychiatry who contract to practice in South Carolina for a minimum of five years. All recipients must be certified or licensed by the State of South Carolina and must have completed a geriatric or geropsychiatry program before contracting for the State Loan Repayment Program.

The State Loan Repayment Program will be administered by the Lieutenant Governor's Office on Aging, which will form a Physicians Advisory Board to review and approve applicants for loan repayment. The Physicians Advisory Board will be composed of representatives from S.C. Medical Association, S.C. Commission on Higher Education, USC School of Medicine, and the MUSC School of Medicine. One member of the Physicians Advisory Board must be a fellow in either Geriatrics or Geropsychiatry.

The State Loan Repayment Program will provide repayments to no more than four physicians per year not to exceed a total of \$140,000. Each physician will receive a maximum of \$35,000 per year for each year of fellowship training.

MIKE EASTERDAY IS MY NEW CHIEF OF STAFF

I have named former state Rep. Mike Easterday as my chief of staff. Mike and I share many governing philosophies, especially one of smaller, more efficient government. He believes, as I do, that our office is about serving and meeting the needs of our people in an efficient and effective manner.

Mike is a 43-year-old accountant and attorney from Simpsonville, who was elected to five terms in the House, rising to the position of Majority Whip. He has also served as Legislative Director to Governor Mark Sanford and, most recently, as senior policy advisor at the Department of Health and Human Services.

Mike and I served in the House together, and his conservative values coupled with his gubernatorial and agency background, and his experiences as an attorney, accountant and businessman will aid me

immensely in serving our state's seniors. My office has changed greatly in terms of responsibilities, especially with the transfer last year to my office of our state's aging programs.

SCETV BRINGS CONFERENCE TO YOUR LIVING ROOM

When 500 of your neighbors gather next week to debate the issues facing our state at the South Carolina White House Conference on Aging, TV cameras will be taping the event. Thanks to SCETV, South Carolina's Senior Community will enjoy C-Span style coverage of the three-day event, beginning with the opening address Monday night by Assistant Secretary for Aging Josefina Carbonnell, who was named our country's key federal official for seniors and their concerns by President Bush.

I'll speak Tuesday morning as will Scott Nystrom, who is the executive director of the national White House Conference on Aging. Delegates will then split into 10 groups to discuss specific issues, before reconvening Wednesday morning to adopt South Carolina's official recommendations for national policies.

"It is an honor that ETV is partnering with the Lt. Governor's office to tape and air the upcoming South Carolina White House Conference on Aging for our new digital SCChannel which highlights some of the most important issues facing our great state," says Moss Bresnahan, SCETV's president and CEO.

We'll keep you advised when the tapes will run.

SHARE YOUR TRAINING/WORKSHOP EVENTS

SC Access provides information on aging and disability services in South Carolina. However, it also offers another useful feature – the community calendar. The calendar is a great way to share events with others in your community, region or even the state. Meetings, events, seminars, health fairs, forums, etc. can be easily posted for others to view. Any event that is aging related can be posted to the calendar. The event may be targeted towards consumers, family members, caregivers or professionals who work with the aging population.

If you are having an event or know of an event that you would like others to know about, please email the information to: riversd@aging.sc.gov or fax the information to: 803-734-9887. To view the calendar, go to <http://scaccess.communityos.org> and click on the Community Calendar. To find services in your area, use the search tools at the bottom of the home page or click on "I need help." If you need someone to assist you in finding services, click on "Find an Information Specialist."

LOWCOUNTRY SENIOR CENTER NATIONALLY ACCREDITED

Lowcountry Senior Center in Charleston is the first SC senior center to receive national accreditation from the National Institute of Senior Centers (NISC), an affiliate organization of The National Council on the Aging. Not only is it the first in the state, but it is one of only 112 in the country.

I joined local and state dignitaries commemorating the occasion, including Charleston Mayor Joe Riley who is a member of my Commission on Aging for Review and Evaluation. Others were Roper St. Francis Healthcare President/CEO David L. Dunlap and Constance Todd, Director of the National Institute of Senior Centers, an affiliate of the National Council on the Aging based in Washington, D.C.

Lowcountry Senior Center, managed by Roper St. Francis Healthcare, opened in 2002 as a result of a broad-based, grassroots effort by 75 Charleston residents, all over the age of 50, who worked with the city and county to raise more than \$1 million to build the center. Today, the center has close to 1,000 members and offers a wide variety of programs, all aimed at promoting health and wellness. Earlier this year, the Center distinguished itself with yet another national honor when it received the NuStep Pinnacle Award for excellence in wellness programming for seniors.

A LITTLE I, R, AND A MEANS A GREAT DEAL

The hurricane-related floods that forced an elderly woman to evacuate her Upstate home last fall weren't the only misfortune she

encountered. Problems quickly ensued when she turned over her disability check as a security deposit on an apartment, and missing paperwork was soon compounded by missing communications. A happier ending came in sight when she contacted Appalachia AAA Information, Referral and Assistance specialist Tiwanda Simpkins, who was initially rebuffed by the complex managers. She took the case to the corporate owners of the complex, who agreed to refund the deposit. "That's what I am here for: to advocate on behalf of the disabled population," says Ms. Simpkins. The client writes: "I would like to extend a big thanks for the great and wonderful program that is established to help elderly low-income citizens like myself. Without this program I would have never been able to receive my deposit monies. ... Ms. Simpkins helped me through the entire process and is a very compassionate person. She is definitely a credit to this organization. I am glad this program is out there for those like myself who are not able to obtain the resources to get the assistance we so desire."

HEALTH AND NUTRITION SURVEY IN GREENVILLE

The National Center for Health Statistics is currently surveying Greenville County residents to assess the health and nutrition status of children and adults -- with special emphasis on seniors -- and their needs for health care. This survey is unique in that it combines household interviews and physical examinations. During the past 40 years, these surveys have provided valuable information on the prevalence of major disease, and risk factors for diseases.

The confidential survey will be conducted in Greenville County from March 11 through May 14. Survey staff will collect their data from household interviews and standardized medical examinations conducted in their mobile examination center. Transportation will be provided to the mobile center, and the medical and dental examination is provided at no cost.

The Administration on Aging and the SCACOG Area Agency on Aging strongly endorse this study, said Dr. Michael Stogner of the Appalachia AAA. "At the Area Agency on Aging we rely on the survey data to help us understand the health and nutritional status of our

region's older citizens,” he said. “This information also helps us in our planning for the services and programs that we contract for.”

SMOKE ALARMS IN OCONEE, BARNWELL, BAMBERG

Because South Carolina ranks 10th in the nation for fire fatalities, the S.C. Department of Health and Environmental Control is partnering with local fire departments in Oconee, Barnwell, and Bamberg counties to provide smoke alarms to elderly residents and families with children.

Local Oconee fire departments will install 1,250 smoke alarms in the county through the S.C. Residential Fire Injury Prevention Program (RFIPP), while DHEC staff will provide fire safety education and materials from the S.C. Fire Marshal’s Office. Participating fire departments include: Cleveland, Corinth-Shiloh, Cross Roads, Fair Play, Friendship, Keowee Ebenezer, Keowee Key, Long Creek, Mountain Rest, Oakway, Pickett Post, Salem, Seneca, South Union, West Union, Walhalla and Westminster.

More than 2,500 smoke alarms will be installed in Barnwell and Bamberg counties by the city of Barnwell Fire Department, the city of Bamberg Fire Department and the Govan Fire Department.

The S.C. RFIPP began in 2001 as part of a three-phase Centers for Disease Control and Prevention-funded project to provide smoke alarms and fire safety education to residents in low-income neighborhoods in targeted rural counties within the state. This program builds on a former CDC-funded pilot project that began in 1998. The goal is to reduce residential fire injury and death among children and the elderly, who are the most at-risk citizens in the state.

Two primary methods will be used to identify homes that need smoke alarms and residential fire safety education: 1) high risk population homes identified through the DHEC Postpartum New Born Home Visit Program, Home Health, Area Councils on Aging and community organization partners; and 2) door-to-door canvassing.

All homes receiving a smoke alarm through the program will be evaluated by telephone follow-up to determine smoke alarm presence and whether it's functioning at the end of each year.

"Homes in rural low income communities are often passed over for interventions, even though the data indicates major fire deaths and injury problems," said Kay Lowder, the program's state coordinator. "Through this program, we hope to prevent and reduce fire deaths and develop effective community partnerships for fire injury prevention activities."

To date, the program has installed 7,246 smoke alarms in 5,558 homes in Abbeville, Charleston, Chester, Chesterfield, Clarendon, Edgefield, Fairfield, Georgetown, Greenwood, Horry, Kershaw, Lancaster, Laurens, Lee, McCormick, Orangeburg, Saluda, Sumter, Williamsburg and York counties.

Until next time, André